IOWA BOARD OF SOCIAL WORK

Iowa Department of Public Health/Bureau of Professional Licensure Lucas State Office Bldg., 5th Floor 321 E. 12th Street Des Moines, Iowa 50319-0075

<u>SUPERVISION PLAN</u>
(Please note: completion of this form is necessary only if you are applying for independent level licensure.)

•SUPERVISEE/LICENSEE INFORMATION•

Supervisee's Name:		Iowa License # LMSW):	
Mailing Address: Street address	City	State		
			Zip Code	
Daytime Telephone: ()	E-Mail Address:			
Agency/Institution of supervised professional practice:				
Hours per week of clinical, master level practice:				
•SUPERVISO	OR INFORMATION	1 •		
To be complete	ted by the supervise	or.		
Supervisor's Name: Iowa License #: (If you are not licensed in Iowa and providing supervision for an Iowa LISW candidate, please provide a verification of licensure from that state.)				
Date of licensure:				
Have you practiced a minimum of 4,000 hours over a period of	of three years beyond	d receipt of your LISW?	□Yes □ No	
Have you completed at least six hours of continuing education in the area of social work supervision, or completed a master level course in supervision? Attach copy of certificate of completion or transcript. Yes No				
Supervisor's mailing address: Street address				
		City State	Zip Code	
Supervisor's daytime phone: ()				
E-Mail Address:			_	
Estimated dates of supervision:t (Include month/day/year – Minim				
Frequency of Supervision: Hours (weekly, bi-weekly, monthly)		e to Face No more than 60 of the 110 hor		

Goals and Objectives	

154C.1 Definitions.

- 3. "Practice of social work" means the professional activity of licensees which is directed at enhancing or restoring people's capacity for social functioning, whether impaired by environmental, emotional, or physical factors, with particular attention to the person-in-situation configuration. The social work profession represents a body of knowledge requiring progressively more sophisticated analytic and intervention skills, and includes the application of psychosocial theory methods to individuals, couples, families, groups, and communities. The practice of social work does not include the making of a medical diagnosis, or the treatment of conditions or disorders of biological etiology except treatment of conditions or disorders which involve psychosocial aspects and conditions. The practice of social work for each of the categories of social work licensure includes the following:
- b. Master social workers are qualified to perform the practice of bachelor social workers and provide psychosocial assessment, diagnosis, and treatment, including but not limited to performance of psychosocial histories, problem identification and evaluation of symptoms and behavior, assessment of psychosocial and behavioral strengths and weaknesses, effects of the environment on behavior, psychosocial therapy with individuals, couples, families, and groups, establishment of treatment goals and monitoring progress, differential treatment planning, and interdisciplinary consultation and collaboration.

645—280.6(154C) Supervised professional practice for the LISW.

280.6(1) The supervised professional practice shall:

- a. Be the equivalent of two years of full-time post-master's social work degree practice at the master's level performing psychosocial assessment, diagnosis and treatment; or
- b. Be 4,000 hours of post-master's social work degree experience at the master's level performing psychosocial assessment, diagnosis and treatment over a minimum two-year and maximum six-year period;
- c. Have at least 110 hours of supervision which shall be equitably distributed throughout a minimum of a two-year period; and
- d. Be obtained in the following manner:
- (1) Face-to-face meetings between the supervisor and the supervisee unless the board has granted an exception allowing for an alternate form of supervision, upon written request of the applicant.
- (2) Supervision by electronic means is acceptable if:
- 1. The system utilized is an interactive, real-time system that provides for visual and audio interaction between the licensee and the supervisor; and
- 2. The first two meetings are face to face and in person.
- (3) Group supervision obtained using the following criteria:
- 1. No more than 60 hours of the 110 hours of supervision may be provided in group supervision;
- 2. Group supervision may be composed of no more than six supervisees per group.
- e. Include as at least one component of the diagnostic practice the identification of specific mental or emotional disorders or conditions demonstrating a working knowledge of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (DSM), the current edition.
- f. Include the provision of treatment, which shall include but not be limited to evaluation of symptoms and behaviors; effects of the environment on behavior; psychosocial therapy with individuals, couples, families, or groups; establishment of treatment goals; and differential treatment planning.
- **280.6(2)** The board maintains the authority to grant waivers relevant to the time parameters of the supervised professional practice upon written request of the applicant.
- **280.6**(3) To meet the requirements of the supervised professional practice, the supervisor must:
- a. Be an Iowa-licensed independent social worker as specified in rule 645—280.3(154C). An individual licensed in another state and providing supervision for an Iowa LISW candidate must be licensed at a level equivalent to Iowa's LISW level.
- b. Have a minimum of 4,000 hours of practice earned over a period of three years of practice beyond receipt of a license to practice independent social work in Iowa or the equivalent license from another state. This requirement shall apply to all supervised professional practices that commence on or after July 1, 2013.
- c. Complete at least 6 hours of training in social work practice supervision or one social work master level course in supervision. This requirement shall apply to all supervised professional practices that commence on or after July 1, 2013. d. Establish and maintain a plan throughout the supervisory period.
- (1) Such a plan must be kept by the supervisor for a period of two years and must be submitted to the board upon its request for audit within 30 days from receipt of the request. The plan for supervision shall include:
- 1. The name, license number, date of licensure, address, telephone number, and e-mail address (when available) of supervisor;
- 2. The name, license number, address, telephone number, and e-mail address (when available) of supervisee;
- 3. The agency, institution, or organization providing the experience;
- 4. The nature, duration, and frequency of supervision, including:
- The number of hours of supervision per week;
- The supervisor/supervisee's face-to-face meetings schedule;
- The methodology for transmission of case information;
- For group supervision, a duration not to exceed 60 hours;
- 5. The beginning date of supervised professional practice and estimated date of completion;
- 6. The goals and objectives for the supervised professional practice; and
- 7. The signatures of the supervisor and supervisee, and the dates of signatures.
- (2) A plan for supervision must be filed with the board prior to the start of the supervised professional practice. The board shall complete review of the plan and provide a decision on the plan no later than 45 days after receipt of the plan, unless additional information is requested. This requirement shall apply to all supervised professional practices that commence on or after July 1, 2013.
- e. Be responsible for supervision within the following content areas:
- (1) Practice skills;
- (2) Practice management skills;

- (3) Skills required for continuing competence;
- (4) Development of professional identity; and
- (5) Ethical practice.
- f. Be accountable for the following areas of supervision:
- (1) Area of social work practice;
- (2) Agency providing services;
- (3) Legal and regulatory requirements;
- (4) Ethical standards of the profession; and
- (5) Acceptance of professional responsibility for the social work services provided by the supervisee.
- g. Complete a supervision report sheet at the end of the supervised professional experience. This sheet shall be answered in full and signed by both the supervisor and supervisee. This report shall be submitted to the board for review and approval prior to the board's approval of the supervisee to sit for the clinical-level examination.
- h. Exceptions to this rule shall be made on an individual basis. Requests for alternative supervisors must be submitted in writing, and the board must approve the supervisor prior to commencement of the supervision.
- i. A supervisee shall submit in writing any change in supervisors within 10 days of the occurrence.

The new supervisor shall submit, within 30 days of the change, a revised supervision plan for board approval.

280.6(4) To meet the requirements of the supervised professional practice, the supervisee shall:

- a. Obtain a written release of information for protection of client confidentiality pursuant to 645—Chapter 282, if the supervisor and supervisee are not employed by the same agency.
- b. Have the following documentation for supervision of independent practice:
- (1) The plan for supervision that was created at the beginning of the period of supervision and that was maintained by the supervisor. If there has been a change of supervisors, the LISW candidate has the responsibility to have a termination evaluation completed by that supervisor and to have the copy submitted to the next supervisor. All termination evaluations shall be available to the board upon request. The supervision provided by all qualified supervisors who have a plan of supervision with the applicant can be counted toward meeting the criteria for supervision.
- (2) At the end of supervision, the supervisee shall have any and all supervisors complete a supervision report sheet provided by the board of social work. This report shall be answered in full and signed by both the supervisor and supervisee. This report shall be submitted to the board for review and approval prior to the board's approval of the supervisee to sit for the clinical-level examination.

[ARC 8371B, IAB 12/16/09, effective 1/20/10; ARC 8586B, IAB 3/10/10, effective 4/14/10; ARC 0093C, IAB 4/18/12, effective 5/23/12]

I,, agree	to supervise the undersigned applicant for LISW licensure in those
services to be provided in clinical soc Iowa code. I certify that I meet the rec meetings between me and the supervi 2 year period. I understand that I will understand that upon completion of the	ial work practice. I will abide by the Board's administrative rules and quirements to provide supervision. The supervision will include regular see for a minimum of 110 hours equitably distributed over a minimum be expected to maintain documentation of the supervision that occurs. I be supervision, I will be asked to complete a supervision report. I do n good standing and will be maintained throughout the supervisory
Signature of Supervisor:	Date:
Clinical social work practice and I wi that 4,000 hours of Master level socia 2 year period. The supervision will in minimum of 110 hours. I understand	derstand that this supervision is to be in those services to be provided in a labide by the Board's administrative rules and Iowa code. I understand I work practice must be completed by the licensee over a minimum of a clude regular meetings between the supervisor and the supervisee for a that if supervision is terminated with one supervisor, a new supervision, I do certify that my license is current and in good standing and will be professional practice.
Signature of Supervisee:	Date:
herewith meets the requirements found in the have answered them completely and truthful information submitted by me in this applicat	the rules regarding supervised professional practice, and that the practice detailed ose rules. I also certify that I have carefully read the questions on this application and lly. I declare, under penalty of perjury, that my answers, and all other statements or ion process, are true and correct. If it is determined at any time that I have provided port of this application, I understand that my application may be denied or that I may prosecution if I am already licensed.
during the supervised professional practice. I Chapter 22, and that application information	also understand that this application is a public record in accordance with Iowa Code, a is public information, subject to the exceptions contained in Iowa law. Finally, in reasonable inquiry that may be necessary to verify the information I have provided on
Supervisor's Signature	Date
Signature of Supervisee	Date